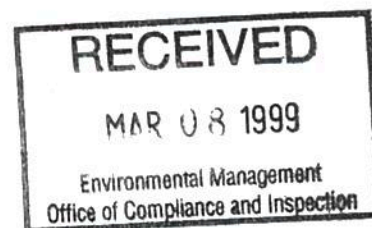




STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Environmental Management
Bureau of Environmental Protection
Office of Compliance and Inspection
235 Promenade Street
Providence, Rhode Island 02908
(401) 222-1360



HAZARDOUS WASTE EPA ID NUMBER CHANGE IN STATUS REQUEST

Please sign and date this form and return it (*keeping a copy for your records*) to the address above,
ATTN: Joan Taylor, Environmental Scientist

Please change the status of the EPA ID# associated with the following company and location:

EPA ID# RID075728030

Company Olin Microelectronic Materials

Address 210 Massasoit Avenue

East Providence, RI 02914

RCRA RECORDS CENTER
FACILITY Arch Specialty Chemicals
I.D. NO. RID 075728030
FILE LOC. _____
OTHER _____

for the following reason (check ALL boxes that apply):

- ☐ one-time generator, this permanent ID# does not apply
- ☐ no longer generate, still in business
- ☐ no longer generate, out of business
- ☐ never generated hazardous waste
- ☐ MOVED - this site location no longer valid
- ☐ regulated under different EPA ID#: _____
- ☐ amount of waste generated INCREASED, change status to LARGE QUANTITY GENERATOR
- ☐ amount of waste generated DECREASED, change status to SMALL QUANTITY GENERATOR

☒ Change COMPANY NAME to: Arch Specialty Chemicals, Inc.
NOTE: This is a name change for both the installation and the

☐ Change in COMPANY ownership: installation owner.

new owner name _____

mailing address _____

phone # _____

date of change _____

☒ Change in company ENVIRONMENTAL CONTACT: Michael M. Bauer
PHONE: (401) 431-2460

☐ OTHER (please specify reason):

I hereby certify that the above information is true and accurate to the best of my knowledge

Giuseppe Forcucci
Authorized Signature

Giuseppe Forcucci
Print Name Clearly

Director of Operations
Title

3/2/99
Date Signed



March 2, 1999

4/1/99
[Handwritten signature]

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Department of Environmental Management
Bureau of Environmental Protection
Office of Compliance and Inspection
ATTN: Joan Taylor, Environmental Specialist
235 Promenade Street
Providence, RI 02908

**Re: Hazardous Waste EPA ID Number Change in Status Request
210 Massasoit Avenue, East Providence, Rhode Island
EPA ID Number RID 075728030**

Dear Ms. Taylor:

Enclosed is a Hazardous Waste EPA ID Number Change in Status Request ("Request") for the above-referenced facility. This Request is being submitted to update your records for the referenced EPA ID number to reflect the new name of the installation and the installation's owner. The new name of both is Arch Specialty Chemicals, Inc.

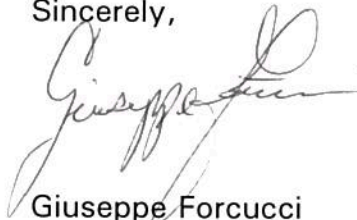
Please update your records for the referenced EPA ID number to reflect this name change. The name change does not involve any change in facility ownership or operation or any change in the facility's hazardous waste activities.

If you have any questions regarding the name change or if you need additional information, please contact Michael M. Bauer, Safety and Environmental Manager, at (401) 431-2460.

Ms. Joan Taylor
March 2, 1999
Page 2

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Giuseppe Forcucci". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

Giuseppe Forcucci
Director of Operations

Enclosure



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

RCRA RECORDS CENTER	EPA ID NUMBER	RID075728030	08/18/94
FACILITY <u>Dlin Microelectronics Mfg.</u>		OCG ELECTRONIC MATERIALS INC	
I.D. NO. <u>RID075728030</u>		210 MASSASOIT AVE	
FILE LOC. _____		EAST PROVIDENCE, RI 02914	
OTHER _____		ANDREW J ROZA ENV & SAFETY	
INSTALLATION ADDRESS		210 MASSASOIT AVE	
		EAST PROVIDENCE, RI 02914	

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

R I D 0 7 5 7 2 8 0 3 0

II. Name of Installation (Include company and specific site name)

O C G E L E C T R O N I C M A T E R I A L S I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 1 0 M A S S A S O I T A V E

Street (continued)

City or Town

E A S T P R O V I D E N C E

State

ZIP Code

R T 0 2 9 1 4 -

County Code

County Name

P R O V I D E N C E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

R O Z A

A N D R E W J

Job Title

Phone Number (area code and number)

E N V & S A F E T Y M G R.

4 0 1 - 4 3 8 - 8 8 8 2

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

2 1 0 M A S S A S O I T A V E

City or Town

State

ZIP Code

E A S T P R O V I D E N C E

R T 0 2 9 1 4 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

O C G M I C R O E L E C T R O N I C M A T E R I A L S

Street, P.O. Box, or Route Number

5 G A R R E T M O U N T A I N P L A Z A

City or Town

State

ZIP Code

W E S T P A T T E R S O N

N J 0 7 0 2 4 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

2 0 1 - 9 7 7 - 6 0 0 0

☒☐Yes ☐No ☒

0 7 0 5 9 4

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below) ☒ 4. Hazardous Waste Fuel
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☒ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
 (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
 D-0-2-1 D 0 2 2 D 0 2 6 D 0 3 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6 U 1 8 2
7 U 2 3 9	8 U 1 4 7	9 U 1 3 4	10 U 1 1 5	11 P 0 7 9	12 U 2 0 1

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 R 0 0 1	2 R 0 0 3	3 D 0 1 9	4 D 0 2 4	5 D 0 0 7	6 D 0 0 9
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

A. J. Roza - Env. & Safety Eng.

Date Signed

7/5/94

XI. Comments

This is an updated Notification for your file.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RECEIVED

Please print or type with EUTE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 10-31-91

Read the instructions for filing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

JUL 30 1991

U.S. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AIR AND HAZARDOUS MATERIALS

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

R I D 0 7 5 7 2 8 0 3 0

II. Name of Installation (Include company and specific site name)

O C G M I C R O E L E C T R O N I C M A T E R I A L S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 1 0 M A S S A S O I T A V E

Street (continued)

City or Town

E A S T P R O V I D E N C E

State

ZIP Code

R I 0 2 9 1 4 -

County Code County Name

P R O V I D E N C E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

P A I L T H O R P E

(first)

R O B E R T

Job Title

P R O D U C T I O N M G R

Phone Number (area code and number)

4 0 1 - 4 3 8 - 8 8 8 2

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

2 1 0 M A S S A S O I T A V E

City or Town

E A S T P R O V I D E N C E

State

ZIP Code

R I 0 2 9 1 4 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

O C G M I C R O E L E C T R O N I C M A T E R I A L S

Street, P.O. Box, or Route Number

5 G A R R E T M T N P L A Z A

City or Town

W E S T P A T E R S O N

State

ZIP Code

N J 0 7 0 2 4 -

Phone Number (area code and number)

2 0 1 - 9 7 7 - 6 0 0 0

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes X No

0 1 0 1 9 1

Cheryl
I think it's waste codes
12/23/91
12

MATERIALS
NAME: OLIN MICROELECTRONIC
ID: RID 075 728 030
[also see RID 98747581]
[# 200/210 Massasoit Ave.]
[Olin Microelectronics]

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

10 - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☒ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxicity Characteristic (D000)
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

☒☒☒☒

D 0 2 6

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 R 0 0 1	2 R 0 0 3	3	4	5	6
--------------	--------------	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

T. R. Rutherford

Name and Official Title (type or print)

PRODUCTION MGR.

Date Signed

8/16/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NOTICE OF EPI ASSESSMENT

RI 0075728434

EPA ID _____ Name OCG Microelectronic Materials GIS Number _____

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01029. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model and RCRA Facility Data System for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
_____ RCRA Facility Assessment	_____	_____
_____ Superfund Preliminary Assessment	_____	_____
_____ Site Inspection	_____	_____
_____ Other Site Inspection	_____	_____
_____ Groundwater Assessment Rpts	_____	_____
_____ 3007 "SWMU" Letter Response	_____	_____
_____ Part A Form	_____	_____
_____ Part B Form	_____	_____
_____ Notification Form	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding this facility is being used in the IEM database. For additional information regarding the GIS Model or the Facility Data System and the status of data available regarding this facility, please contact:

Charles Franks
U.S. EPA Region I
JFK Federal Building, HER-CAN3
Boston, MA 02203

File Reviewed By John F. Callan

Date 12-23-92

STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AIR AND HAZARDOUS MATERIALS

MEMO

1/5/90

TO: Peg Mullen
EPA Region I

FROM: Cynthia M. Gianfrancesco, Engineer

DATE: January 2, 1990

SUBJECT: Olin Hunt- RID075728030



Peg,

The above generator is also listed as a transporter. This listing as a transporter is in error, as they have never, and do not intent to transport hazardous waste. Please remove them from transporter status.

If you have any questions please call me.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
75 Davis Street
Providence, R. I. 02908

9 April 1984

Mr. Frank Battaglia
Permits Branch
Environmental Protection Agency
John F. Kennedy Federal Building
Boston, MA 02203

Dear Frank:

I recently had correspondence with Philip A. Hunt Chemical Corporation.

They indicated that some changes should be made to the HWDMS for their three companies in Rhode Island.

Please make the changes indicated on the enclosed sheet.

Sincerely,

Stephen Majkut,
Senior Engineer
Division of Air & Hazardous
Materials

S.M.

jad

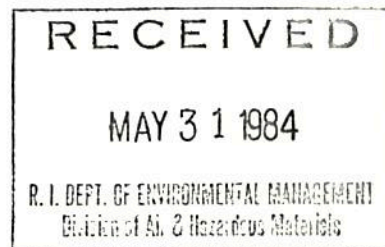
enc.



PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

May 29, 1984

R. I. Department of Environmental Management
Room 204 - Cannon Building
75 Davis Street
Providence, RI 02905



Att: Steve Majkut

Dear Sir:

Per our recent telephone conversation regarding the current status of Philip A. Hunt Chemical's hazardous waste management program, may this letter serve to clarify our current operations.

The following list indicates the correct address, EPA ID number and activities occurring at each facility:

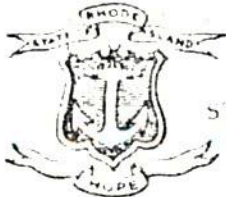
<u>Address</u>	<u>EPA ID No.</u>	<u>Generator</u>	<u>Transporter</u>
200 Massasoit Avenue East Providence, RI 02914	RI D075728030	X	
1 Industrial Circle Lincoln, RI 02865	RI D001202589	X	
1 Wellington Road Lincoln, RI 02865	RI D095976544	X	X

Please do not hesitate to call if you require any further information regarding Hunt's hazardous waste management program.

Sincerely,

Alan R. Brodd, P.E.
Environmental/Safety Engineer

ARB/mlc



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
75 Davis Street - 204 Cannon Building
Providence, R.I. 02908

Frank - per your request.

RF

10 1000
R10075728030

1 August 1983

Mr. Stephen E. Pozner
Environmental/Safety Engineer
Organic Chemical Division
Philip A. Hunt Corporation
One Wellington Road
Lincoln, RI 02865

Dear Mr. Pozner:

As a follow-up to my inspection of P. A. Hunt's East Providence treatment facility conducted on 29 July 1983, please be advised that the shutdown and decontamination steps initiated for "partial-closure" are thorough and complete. Accordingly, although this facility is still a permitted TSF, it will no longer accept, treat or store hazardous waste for over ninety days without first notifying this Department. Additionally, since the East Providence facility is still permitted, it must comply with the forthcoming modifications to the Rhode Island Hazardous Waste TSF Permitting Rules And Regulations. You will be notified when these new regulations become active. Existing TSF have three months to update permits already in effect.

In response to your request under Rule 1.42, "non-waste determination", please be advised that this decision is contingent upon concurrence from the State of North Carolina's Department of Environmental Management. I will contact you directly by phone when we receive that approval.

Very truly yours,

John P. Hartley
John P. Hartley, Engineer
Division of Air and Hazardous Materials

JPH/kz



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤

• RID075728030

INSTALLATION ADDRESS ➤

PHILIP A HUNT CHEMICAL CORPORATION
1 WELLINGTON ROAD
LINCOLN

RI 02865

MASSASSOIT AVENUE
EAST PROVIDENCE

RI 02914

I.D. - FOR OFFICIAL USE ONLY

W R I D 0 7 5 7 2 8 0 3 0 3 1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 5 3 23 - 26	32 P 0 5 4 23 - 26	33 P 1 0 5 23 - 26	34 P 1 0 6 23 - 26	35 U 0 0 2 23 - 26	36 U 0 0 3 23 - 26
37 U 0 0 6 23 - 26	38 U 0 1 2 23 - 26	39 U 0 1 9 23 - 26	40 U 0 2 0 23 - 26	41 U 0 2 3 23 - 26	42 U 0 3 7 23 - 26
43 U 0 4 4 23 - 26	44 U 0 5 2 23 - 26	45 U 0 5 7 23 - 26	46 U 0 7 0 23 - 26	47 U 0 7 7 23 - 26	48 U 0 8 0 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Matte, Chief Engineer

7-8-80

W	R	I	D	0	7	5	7	2	8	0	3	0	3	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 8	U 1 2 2	U 1 2 3	U 1 3 3	U 1 4 7	U 1 5 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 5 9	U 1 6 1	U 1 6 2	U 1 8 2	U 1 8 8	U 1 9 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 3	U 2 2 0	U 2 2 7	U 2 2 8	U 2 3 9	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

000049

FOR OFFICIAL USE ONLY

COMMENTS

AUG 4 10 43 AM '80

INSTALLATION'S EPA I.D. NUMBER: **RID075728030**
APPROVED: **800804**
DATE RECEIVED (yr., mo., & day): **800804**

I. NAME OF INSTALLATION

PHILIP A HUNT CHEMICAL CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31 WELLINGTON ROAD

CITY OR TOWN

4 LINCOLN

ST. **RI** ZIP CODE **02865**

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 MASSASSOIT AVENUE

CITY OR TOWN

6 EAST PROVIDENCE

ST. **RI** ZIP CODE **02914**

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 POZNER STEVE ENVIRONMENTAL EGR

401-333-6114

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TURNER & NEWELL

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ **A. GENERATION**

☒ **B. TRANSPORTATION (complete item VII)**

☒ **C. TREAT/STORE/DISPOSE**

☐ **D. UNDERGROUND INJECTION**

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ **A. AIR**

☐ **B. RAIL**

☒ **C. HIGHWAY**

☐ **D. WATER**

☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION (complete item C)**

C. INSTALLATION'S EPA I.D. NO.

RID075728030

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 8	P 0 6 4	P 0 7 3	P 0 7 4	P 0 7 7	P 1 0 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 1 0 1	P 1 2 0	P 1 2 1	U 0 3 1	U 1 1 2	U 2 0 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 9	U 2 2 1				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
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FORM 1
GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14
F	R	I	D	0	7	5	7	2	8	0	3	0	

II. POLLUTANT CHARACTERISTICS

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP PHILIP L. HUNT CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2 MATTE ROBERT CHIEF ENGINEER		401	333	6114

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 1 WELLINGTON ROAD		4 LINCOLN	RI	02865

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 MASSASSOIT AVENUE			6 EAST PROVIDENCE	RI	02914	

INCLUD FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
2 8 6 9 (specify)	Etchant	7 (specify)	
C. THIRD		D. FOURTH	
2 8 6 9 (specify)	Cupric Oxide	7 (specify)	

OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
PHILIP A. HUNT CHEMICAL CORPORATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
<input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)	15	16 - 18 19 - 21 22 - 23

E. STREET OR P.O. BOX
WELLINGTON ROAD

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
LINCOLN	RI	0 2 8 6 5	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	(specify)
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	(specify)

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

We take spent etchant and recover cupric oxide and regenerate the etchant. The facility will also manufacture starter material and virgin etchant.

CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green Vice President, Manufacturing		

REMARKS FOR OFFICIAL USE ONLY

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FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	1. EPA I.D. NUMBER									
			RI D 0 7 5 7 2 8 0 3 0									

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)									

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)										2. NEW FACILITY (Complete item below.)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN									

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																							
YR.	MO.	DAY								YR.	MO.	DAY											
8	2	2	1	1	1	6																	

B. REVISED APPLICATION (place an "X" below and complete Item I above)										2. FACILITY HAS A RCRA PERMIT									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																			

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
			INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP																			
13 14 15										16 17 18									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY										
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)											
X-1	S 0 2	600	G		5														
X-2	T 0 3	20	E		6														
1	S 0 1	15,000	G		7														
2					8														
3					9														
4					10														

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W R I D 0 7 5 7 2 8 0 3 0										W DUP									
1 2 3 4 5 6 7 8 9 10										11 12 13 14 15 16 17 18 19 20									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)															
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	U 2 3 9	0	P	S 0 1															
2	D 0 0 1	5000	P	S 0 1															
3	D 0 0 0																	Included with above	
4	D 0 0 2																	Included with above	
5	D 0 0 3	0	P	S 0 1															
6	P 1 0 5	0	P	S 0 1															
7	P 1 0 6	0	P	S 0 1															
8	U 0 0 2	0	P	S 0 1															
9	U 0 0 3	0	P	S 0 1															
10	U 0 0 6	0	P	S 0 1															
11	U 0 1 2	0	P	S 0 1															
12	U 0 1 9	0	P	S 0 1															
13	U 0 2 0	0	P	S 0 1															
14	U 0 2 3	0	P	S 0 1															
15	U 0 3 7	0	P	S 0 1															
16	U 0 4 4	0	P	S 0 1															
17	U 0 5 2	0	P	S 0 1															
18	U 0 5 7	0	P	S 0 1															
19	U 0 7 0	0	P	S 0 1															
20	U 0 7 7	0	P	S 0 1															
21	U 0 8 0	0	P	S 0 1															
22	U 1 0 8	0	P	S 0 1															
23	U 1 2 2	0	P	S 0 1															
24	U 1 2 3	0	P	S 0 1															
25	U 1 3 3	0	P	S 0 1															
26	U 1 4 7	0	P	S 0 1															

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
1 1 0 7 5 7 2 8 0 3 0 1										W DUP									

7. DESCRIPTION OF HAZARDOUS WASTES (continued)

NO.	A. EPA HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
	22	23	24	25	26	27	28	29	30	31	32	33	34
27	U 1 6 2	0	P	S 0 1									
28	U 1 8 2	0	P	S 0 1									
29	U 1 8 8	0	P	S 0 1									
30	U 1 9 6	0	P	S 0 1									
31	U 2 1 3	0	P	S 0 1									
32	U 2 2 0	0	P	S 0 1									
33	U 2 2 7	0	P	S 0 1									
34	U 2 2 8	0	P	S 0 1									
35	P 0 6 9	0	P	S 0 1									
36	P 0 0 3	0	P	S 0 1									
37	P 0 0 5	0	P	S 0 1									
38	P 0 3 7	0	P	S 0 1									
39	P 0 0 9	0	P	S 0 1									
40	P 0 1 0	0	P	S 0 1									
41	P 0 0 8	0	P	S 0 1									
42	P 1 1 9	0	P	S 0 1									
43	P 0 1 2	0	P	S 0 1									
44	P 0 1 6	0	P	S 0 1									
45	P 0 1 8	0	P	S 0 1									
46	P 0 2 1	0	P	S 0 1									
47	P 0 2 2	0	P	S 0 1									
48	P 0 2 4	0	P	S 0 1									
49	P 0 2 8	0	P	S 0 1									
50	P 0 2 9	0	P	S 0 1									
51	P 0 3 0	0	P	S 0 1									
52	P 0 4 8	0	P	S 0 1									

EPA I.D. NUMBER (enter from page 1)

W	R	I	D	O	7	5	7	2	8	0	3	0	T/A	C
													1	

FOR OFFICIAL USE ONLY

S													T/A	C
W													2	

DUP

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
	21	22	23	24			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
	21	22	23	24		25	27	28	29	30	31	32	33	34	35	36	37	38
33	P	0	6	8	0	P	S	0	1									
34	P	0	6	4	0	P	S	0	1									
35	P	0	7	3	0	P	S	0	1									
36	P	0	7	4	0	P	S	0	1									
37	P	0	7	7	0	P	S	0	1									
38	P	1	0	0	0	P	S	0	1									
39	P	1	0	1	0	P	S	0	1									
40	P	1	2	0	0	P	S	0	1									
41	P	1	2	1	0	P	S	0	1									
42	P	0	3	1	0	P	S	0	1									
43	U	1	1	2	0	P	S	0	1									
44	U	2	0	1	0	P	S	0	1									
45	U	2	1	9	0	P	S	0	1									
46	U	2	2	1	0	P	S	0	1									
47	F	0	0	1	0	P	S	0	1									
48	F	0	0	2	0	P	S	0	1									
49	F	0	0	3	0	P	S	0	1									
50	F	0	0	5	0	P	S	0	1									
51	P	0	5	3	0	P	S	0	1									
52	P	0	5	4	0	P	S	0	1									
53	U	1	5	4	0	P	S	0	1									
54	U	1	5	9	0	P	S	0	1									
55	U	1	6	1	0	P	S	0	1									
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98																		
99																		
100																		

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of these hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

B. HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1 K 0 5 4	900	P	T 0 3 D 8 0	
X-2 D 0 0 2	400	P	T 0 3 D 8 0	
X-3 D 0 0 1	100	P	T 0 3 D 8 0	
X-4 D 0 0 2				included with above

V. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

R I D 0 7 5 7 2 8 0 3 0 T/A C 6

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

I. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 1 4 9 0 3 0

0 7 1 2 1 0 4 0

III. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Sheldon L. Green
Vice Pres., Manufacturing

B. SIGNATURE

C. DATE SIGNED

1/23/81

Y. OPERATOR CERTIFICATION

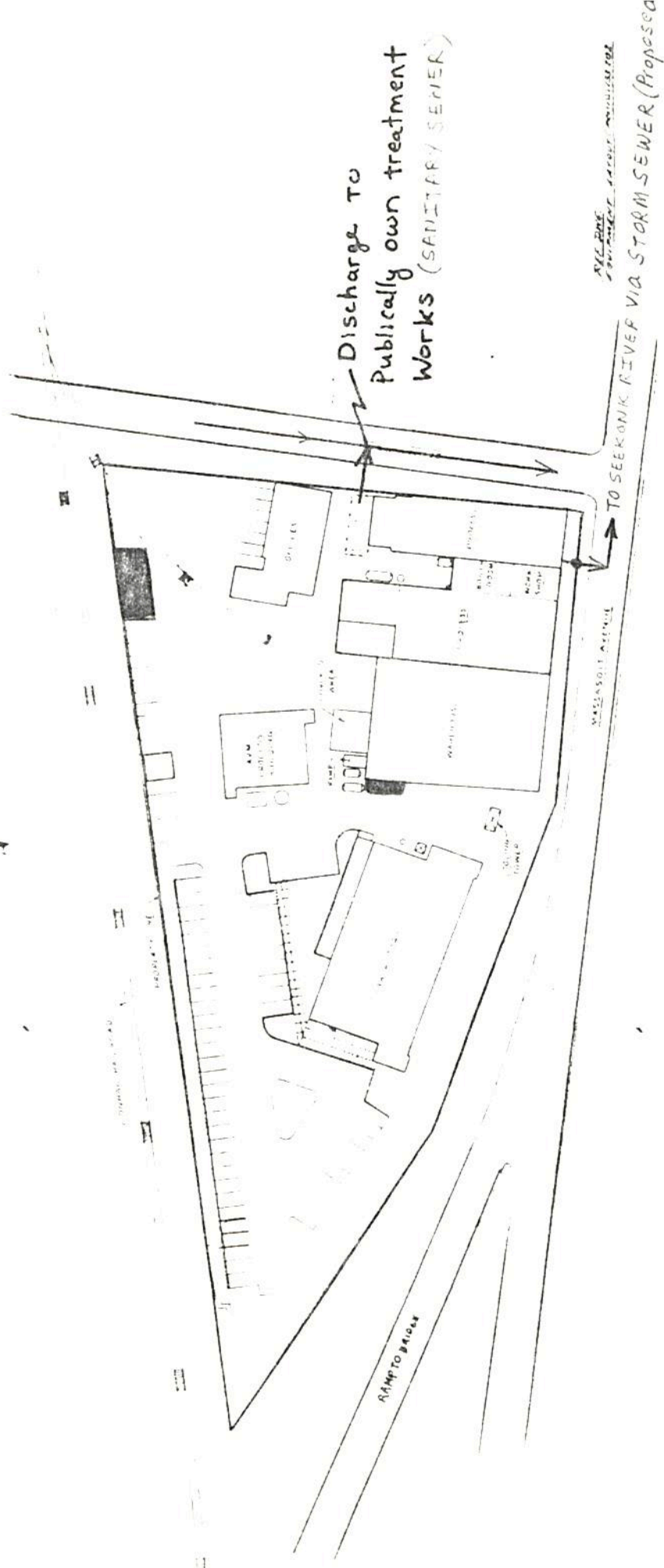
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----



● = Hazardous waste drum storage area

SCALE 1" = 154.0'

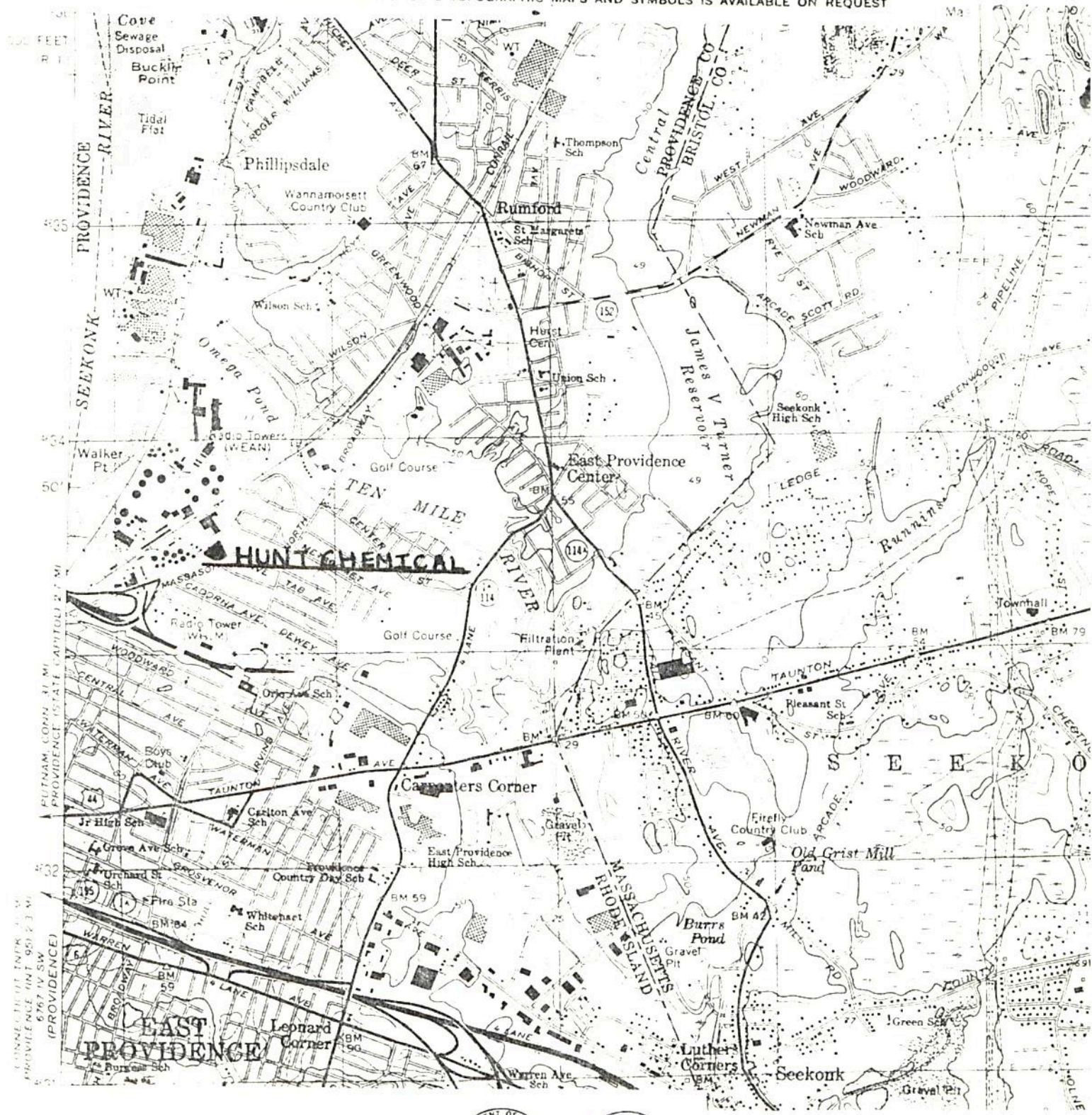


142° 258 MILS
133° 20 MILS

GRID AND 1979 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
THE RELATIONSHIP BETWEEN THE TWO DATUMS IS VARIABLE
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE AVERAGE RANGE OF TIDE IS APPROXIMATELY 4.6 FEET

FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



UNITED STATES
DEPARTMENT OF THE INTERIOR



EAST PROVIDENCE QUADRANGLE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Philip A. Hunt Chem. Corp.
Massasoit Ave.
East Providence, RI

Re: RID075728030

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above by its EPA identification number. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office by W/in 30 Days in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find additional items are missing we will contact you again at that time.

THE FOLLOWING MISSING ITEMS MUST BE COMPLETED:

- ☐ Form 1 Item XIIIIB Signature
- ☐ Form 3 Item IIAI Date Operation Began or
Construction Commenced

- ☒ Form 3 Item IXB Owner's Signature

Received: 1/15/81



PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

July 9, 1981

Mr. Kenneth Chin
Environmental Protection Agency - Region I
Permits Branch
JFK Federal Building
Boston, Massachusetts, 02203

Re: Philip A. Hunt Chemical Corp.
Massasoit Avenue
East Providence, R. I.
EPA I.D.#=RID075728030

Dear Mr. Chin:

The purpose of this letter is to inform the Environmental Protection Agency that our East Providence facility will not store, treat, or dispose of hazardous waste on site.

We filed Part A forms 1 and 3 in November of 1980 with the intent to store hazardous waste generated by our research laboratory for more than 90 days. However, we now wish to become accumulators of hazardous waste instead of storers of hazardous waste.

As accumulators of hazardous waste, we realize that we must still comply with CFR40 part 262.34.

If you have any questions, please contact me.

Yours truly,

PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

Stephen Pozner
Safety/Environmental Engineer

SP/ak

cc: Roger Sacilotto
Robert Matte

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FRID0757280303	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, circle through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items II, IV, and VII if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one-quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

III. NAME OF FACILITY

1 PHILIP A. HUNT CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	MATTE, ROBERT, CHIEF ENGINEER	401	333	6114

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN	C. STATE	D. ZIP CODE
3	1 WELLINGTON ROAD	LINCOLN	RI	02865

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	MASSASSOIT AVENUE			EAST PROVIDENCE	RI	02914	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	7			
(specify) Etchant				(specify)			
C. THIRD				D. FOURTH			
7	2	8	6	7			
(specify) Cupric Oxide				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed Item VIII-A also owner?	
PHILLIP A HUNT CHEMICAL CORPORATION															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE															A 15 16 17 18 19 20 21 22 23				

E. STREET OR P.O. BOX														
1 WELLINGTON ROAD														

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
LINCOLN										RI		02865		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52		

X. EXISTING ENVIRONMENTAL PERMITS														
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)				
9 N										9 P				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)				
9 U										(specify)				
C. RCRA (Hazardous Wastes)										F. OTHER (specify)				
9 R										(specify)				

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)

We take spent etchant and recover cupric oxide and regenerate the etchant. The facility will also manufacture starter material and virgin etchant.

F9:A/51

XIII. CERTIFICATION (see instructions)																			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																			
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE					C. DATE SIGNED				
Sheldon L. Green Vice President, Manufacturing										Sheldon L. Green					10/17/80				

COMMENTS FOR OFFICIAL USE ONLY														

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 char. 3/4 inch)

Form Approved OMB No. 158-S80004

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER									
			RTD0757280303									

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)								
23		24								29

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<u>Disposal:</u>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Treatment:</u>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EPA Form 3510-2 (6-80)									
------------------------	--	--	--	--	--	--	--	--	--

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W R I D 0 7 5 7 2 8 0 3 0 3 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	U 2 3 9	0	P	S 0 1																					
2	D 0 0 1	5000 000	P	S 0 1																					
3	D 0 0 0																								
4	D 0 0 2																								
5	D 0 0 3	0	P	S 0 1																					
6	P 1 0 5	0	P	S 0 1																					
7	P 1 0 6	0	P	S 0 1																					
8	U 0 0 2	0	P	S 0 1																					
9	U 0 0 3	0	P	S 0 1																					
10	U 0 0 6	0	P	S 0 1																					
11	U 0 1 2	0	P	S 0 1																					
12	U 0 1 9	0	P	S 0 1																					
13	U 0 2 0	0	P	S 0 1																					
14	U 0 2 3	0	P	S 0 1																					
15	U 0 3 7	0	P	S 0 1																					
16	U 0 4 4	0	P	S 0 1																					
17	U 0 5 2	0	P	S 0 1																					
18	U 0 5 7	0	P	S 0 1																					
19	U 0 7 0	0	P	S 0 1																					
20	U 0 7 7	0	P	S 0 1																					
21	U 0 8 0	0	P	S 0 1																					
22	U 1 0 8	0	P	S 0 1																					
23	U 1 2 2	0	P	S 0 1																					
24	U 1 2 3	0	P	S 0 1																					
25	U 1 3 3	0	P	S 0 1																					
26	U 1 4 7	0	P	S 0 1																					

continued from the front.

V. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
R	I	D	0	7	5	7	2	8	0	3	0
										T/A	C
										3	6

F. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FL: A/55

G. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FL: A/56

H. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	1	4	9	0	3	0				0	7	1	2	1	0	4	0		
45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62		

I. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
5. ST.										6. ZIP CODE									

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) Sheldon L. Green Vice Pres., Manufacturing	B. SIGNATURE <i>Sheldon L. Green</i>	C. DATE SIGNED 1/23/81
--	---	---------------------------

Y. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

RID 075728030



ACKNOWLEDGEMENT SENT

1009

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid ☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

7(1) ^{Non}Notifier

☐

D. (2) NOTIFIED after AUGUST 18, 1980

☐

Valid ☐

E. (1) FORM 1, XIII B SIGNATURE missing

☐

(2) FORM 3, IX B SIGNATURE missing

☒

2. A. HANDLER

☒

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

Coded:
007 - county code
4149300 - lat
07121400 - long

R 2/12

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
 - A. Street or P.O. Box ☐
 - B. City or Town ☐
 - C. State ☐
 - D. Zip Code ☐
- VI. Facility Location
 - *A. Street, Route Number ☐
 - B. County Name ☐
 - *C. City or Town ☐
 - *D. State ☐
 - E. Zip Code ☐
 - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
 - *A. Name ☐
 - *B. Is the name listed in VIII-A also the owner ☐
 - C. Status of operator ☐
 - D. Phone ☐
 - *E. Street or P.O. Box ☐
 - *F. City or Town ☐
 - *G. State ☐
 - H. Zip Code ☐

- IX. Indian Land
- X. Existing Environmental Permits
- XI. Map
- XII. Nature of Business
- XIII. Certification
 - A. *1. Name and
 - 2. Official Title
 - *B. Signature
 - *C. Date Signed

☐
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Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐

2. New Facility Date (after November 19, 1980) ☐

*III. Processes

A. Process Code ☐

B. Process Design Capacity-Amount

1. Amount ☐

2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number ☐

B. Estimated Annual Quantity ☐

C. Unit of Measure ☐

D. Processes

1. Process Codes ☐

2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner ☐

2. Phone ☐

*3. Street or P.O. Box ☐

*4. City or Town ☐

*5. State ☐

6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Stephen Pozner
Safety/Environmental Engineer
Philip A. Hunt Chemical Corporation
1 Wellington Road
Lincoln, Rhode Island 02865

RE: RID075728030

Dear Mr. Pozner:

EPA has completed its initial review of your permit application to treat/store/dispose of hazardous waste under the Resource, Conservation and Recovery Act ("RCRA"). From the information provided in your application, it appears that the facility does not require a RCRA permit under Section 3005 of the Act, in accordance with 40 CFR Part 122.21(d)(2)(i). Under this section, a generator is allowed to accumulate hazardous waste on-site for up to 90 days, in accordance with 40 CFR Part 262.34, without a RCRA permit.

EPA is returning your application since the information contained therein does not demonstrate that the facility is required to obtain a permit under Section 3005 of RCRA. If EPA's interpretation of the application is incorrect or if the application itself is incorrect and the facility is in fact one which is required to have a permit under Section 3005 of the Act, a complete RCRA Part A Application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by _____. If hazardous waste is handled at the facility referenced above and the applicant fails or refuses to submit a complete Part A application within this period appropriate enforcement action may be taken.

If you have any questions, or need any assistance, please contact the appropriate EPA Permits Branch personnel listed below at (617)223-0240.

All replies should be addressed to:

U. S. Environmental Protection Agency
Permits Branch
Room 2109
JFK Federal Building
Boston, Massachusetts 02203
Attn: Mr. Richard Cavagnero

Sincerely yours,

Richard C. Boynton, Chief
Permits Development Section

Maine
New Hampshire
Massachusetts
Rhode Island
Vermont
Connecticut

William Sarro
Christine King
Gary Siegel
Kenneth Chin
Don Maki
Cindy Gilder

cc: RI DEM, Attn: Thomas E. Wright

Site ID RID075728030

Part A Application Yes ☐ No ☒ returned

RCRA RECORDS CENTER
FACILITY Arch Specialty
ID. NO. RID 075728030
FILE LOC. R-1C
OTHER _____

Site Name: Philip A. Hunt Chemical Corp. Inspection Date: 1/26/82

Site Location: Massasoit Avenue Inspectors: EPA: S. Fradkoff
East Providence, RI 02914 State: R. Enander, J. Spirito

RCRA Contact: Stever Pozner Industry: S. Pozner Title: Env. Eng

Phone No.: (401) 333-6114 Louis DeBoer Title: Plant En

Permits Issued: _____ Title: _____

In Compliance: Yes ☒ No ☐

TRIP SUMMARY

I. Facility Type and Process Description

Gen., Tr., TSD recycling

Philip A. Hunt Chemical Corporation is a chemical manufacturer
producing ammoniacal etchants at the East Providence Facility and also
recycling spent etchants received from Hunts customers. Copper
oxide is recovered during the recycling operation and sold as a
product. Small quantities of lab wastes are stored in 55 gallon
drums for less than 90 days and shipped to a hazardous waste
disposal facility

II. Summary of Violations or Deficiencies

None

Cont.

III. Recommendations

Hunt is in compliance with federal regulations and no enforcement action is necessary. There is a question if the label used on waste drums meets all the requirements of RI DEM Generator Rule 3c.

RI DEM is looking into this question.

IV. State Response (as regards NOV's and Orders)

V. Hazardous Waste Profile

<u>Type of Waste</u>	<u>Amt/mo</u>	<u>Method of Handling</u>	<u>Location</u>
Spent etchants	50,000 gal/mo.	Recycled on site.	
Lab wastes	10 to 20 drums/yr.	drum storage	shipped off site.

VI. Information Requests

A. Inspector from Industry

<u>Information Type</u>	<u>Date Requested by</u>	<u>Date Rec'd</u>

B. Industry from Inspector

<u>Information</u>	<u>Date Sent</u>

C. EPA from State

Information

Date Sent

Site ID # RI D075 728030

Part A Application Yes ~~✓~~ No ✓ returned

RCRA INSPECTION CHECKLIST

Site Name: Philip A Hunt Chemical Corp Inspection Date: 1/26/82

Site Location: Massachusetts Ave Type of Facility: Chem mfg
East Providence RI

Phone No: (401) 333-6114

Inspectors: TSD: ✓ recycling

EPA: S Fradkoff Permits Issued: _____

State: R. Eganer + J Santo

Industry: S. Pozner Louis DeBoer In Compliance Yes ✓ No _____
plant mfg

I. Generator with Temp. Storage or TSD Facility

A. Pre-Inspection Meeting

1. General Information (Process Description, etc.)

mfg Ammonium I etchants and recycle
etchants from customers Part A returned by EPA

2. Hazardous Waste Profile

Type of Waste	Amt. of Waste kg/mo	Onsite Temp. Storage/ TSD	Transporter	Offsite TSD
Spent etchants	50,000 gal/mo		recycled.	on site
Lub wastes	5-10 drums/6 mo		shipped	off site

3. Records

262.21 a.) Manifest Manifests may be checked ahead of time by state personnel who have them on file - otherwise, random selection of some during inspection for review. Must be kept for 3 years.

- 1) Document No.: not required by EPH
- 2) Generator ID, name, address: incoming manifests ok
- 3) Transporter(s) ID, name, address: _____
- 4) TSD Facility ID, name, address: _____
- 5) Waste Type of Quantity: _____
- 6) Date of Acceptance: _____

262.50 i) International Shipping Manifest: _____

262.42 ii) Exception Report: _____

265.13 b.) Waste Analysis Plan

1. Plan on site: Yes
2. Plan should include (a) parameters: ✓
- (b) test methods: ✓
- (c) sampling method: ✓
- (d) frequency: ✓
3. Copy of Results ✓

265.15 c.) Inspection Schedule and log

- 1) Are inspections conducted Yes
- 2) Written inspection schedule Yes
- 3) Inspection Log Yes

- (A) Daily - loading and unloading of areas subject to spills:
- discharge control equipment in tanks:
 - incinerator system, thermal treatment equipment,
 - chem/phys/biol treatment equipment:
 - freeboard level of surface impoundments:
- (B) *Weekly - physical conditions of containers:
- " tanks:
 - " surface impoundments:
 - " chem/phys/bio. treatment facility:

265.16 *d.) Personnel Training Records

- 1.) Job titles/position descriptions and name of employee Yes
- 2.) Description of training: Yes
- 3.) Records of Training: Yes
- 4.) Training completed: Yes

*e.) Contingency Plan

- 265.53 1. Plan on site: Yes
- 265.53 2. Plan to local authorities: Yes
- 265.52 3. Content of Plan: _____
- a) Emergency plan: ✓
- b) Local authority arrangements: ✓
- c) Identify emergency coordinator: ✓
- d) List of emergency equipment: ✓
- e) Evacuation plans: ✓

f.) Closure and Post-closure Plans; Cost Estimates

265.112, .113, .114, .115 1. Closure Plan (TSD Facilities) -

- a) Plan on site: Yes
- b) Does plan include: _____
- 1) Schedule of partial closure if applicable: ✓
- 2) Estimate of maximum inventory of waste in storage or treatment at given time: ✓
- 3) Schedule for final closure & an estimate of the expected year of closure: ✓
- 4) Description of steps needed to decontaminate facility equipment: ✓
- 5) Total time required for closure: ✓
- 6) Certification of closure: ✓

265.117, .118

2. Post-closure Plan (disposal facilities only)

- a) Plan on site: _____
- b) Does plan identify and include frequency of: _____
- o planned ground water monitoring: _____
- o planned maintenance & security activities: _____
- o name, address and phone number of Post-closure contact: _____
- c) Length of Post-closure period identified: _____

* Required for Temporary Storage

- 265.142 3. Closure Cost Estimate (TSD facilities)
- a) Estimate on site: Amount of estimate:
 - b) Estimate adjusted annually on 11/19 for inflation:
 - c) Has Closure Plan changed?
 - d) If answer to 3 is yes, has cost estimate changed?
- 265.144 4. Post-closure Cost Estimate (disposal facilities only)
- a) Estimate on site: Amount of estimate:
 - b) Estimate adjusted annually on 11/19 for inflation:
 - c) Has Post-closure plan changed?
 - d) If answer to 3 is yes, has cost estimate changed?

265.73

g) Operating Records

- 1. Records on site _____
- 2. Description, quantity, method and dates of disposal: _____

- 3. Location onsite and manifest number: _____

- 4. Results of waste analysis: _____
- 5. Record of any incidents requiring use of contingency plan: _____

- 6. Records and results of inspections: _____
- 7. Closure and post-closure cost estimates if needed: _____

B. Inspection

265.14

1. Site Security

- a) 24 hour surveillance system: _____
- b) or Artificial or natural barrier: _____
- c) and Means to control entry: _____
- d) Danger sign posted at each entrance legible at 25': _____

265.30-.37

****2. Site Preparedness/Prevention**

- a) Internal communication/alarm: _____ ✓
- b) Telephone/2-way radio: _____ ✓
- c) Portable fire control equipment: _____ ✓
- d) Adequate water for fire control: _____ ✓
- e) Testing and Maintenance of equipment: _____ ✓
- f) Adequate aisle space: _____ ✓
- g) Access to equipment: _____ ✓

265,170-.177

3. Containers

Leaks _____ NO

Ruptures _____ NO

Corrosion _____ NO

Closed Except in use _____ YES

Heat/Pressure _____

50' bufferzone for I and R wastes:

I = Ignitable _____; R = Reactive _____

No smoking signs near I or R waste _____

Separation of incompatible wastes _____ YES

Evidence of spills _____ NO

Pretransport requirements: packaging _____ YES

labelling _____ YES

marking _____ YES

placarding _____

Date of Waste Accumulation _____

262.30-.34

***NYR Check for impermeable base under containers, any drains, secondary containment**

265.190-.199

4. Tanks

Leaks

hC

Ruptures

 $\cdot \wedge \partial$

Corrosion: Check valves, piping controls for signs of corrosion

> 2' freeboard or containment

Heat/pressure

Evidence of spills.

40

Inflow and outflow controls

yes

Continuous Inflow _____ Means to stop flow? Yes

Means to stop flow?

 $\gamma \in S$

Special Requirements for I and R wastes.

265.220-.230

5. Surface Impoundments (Pits, Ponds and lagoons)

Protective Cover on Dikes

> 2' freeboard

Special requirements for I and R waste.

Evidence of fire, explosion - leak.

*NYR Liner

Liner

265.90-.94

**Groundwater Monitoring

265.250-.257

6. Waste Piles

Wind erosion control

****Prevention of leachate from pile (if hazardous)**

Special requirements for I and R waste.

Evidence of fire, explosion, leak.

Separation of incompatible wastes.

Waste analysis

*NYR - Not yet regulated

**November 19, 1981

265.340
265.382

7. Incinerators/Thermal Treatment

- a) Steady State conditions _____
- b) Inspect combustion and emission control instruments
every 15 minutes _____
- c) Observe stack plume hourly _____
- d) Waste analysis:
 - 1) Heating value of waste _____
 - 2) Organic halogen content _____
 - 3) Sulfur content _____
 - 4) Lead concentrations _____
 - 5) Mercury concentrations _____
- e) Evidence of leaks of spills (pumps, valves, conveyors
and pipes) _____
- f) Daily Inspection of Emergency shutdown controls and Alarm
systems _____
- g) Special Requirements for incompatible wastes _____

265.272 -
265.282

8. Phys/Chem/Bio. Treatment

- a) Leaks _____ no
- b) Ruptures _____ no
- c) Corrosion _____ no
- d) Waste cut off _____
- e) Waste analysis _____
- f) Special Requirements for I and R waste _____
- g) Special Requirements for incompatible wastes _____

265.272 -
265.282

9. Land Treatment

- a) Approval document _____
- *b) Run-on diversion _____
- *c) Run-off collection; Treat if necessary _____
- d) Waste Analysis _____
- e) Presence of food chain crops, if so, refer to 265.276 _____
- f) Unsaturated zone monitoring plan _____
- g) Unsaturated zone waste analysis _____
- h) Records of application dates, rates, quantities and location
of waste _____
- i) Special requirements for I and R wastes _____
- j) Special requirements for incompatible wastes _____
- 265.90-.94 *k) Groundwater Monitoring _____

265.302-.315

10. Landfills

- *a) Run-on diversion _____
- *b) Run-off collection; Treat if necessary _____
- c) Wind dispersion controlled _____
- d) Records of all dimensions, locations, and contents _____
- e) Special Requirements for I and R wastes _____
- f) Special Requirements for Incompatible Wastes _____
- *g) Special Requirements for liquids _____
- *h) Reduction in volume of empty containers _____
- 265.90-.94 *i) Groundwater Monitoring _____

Subpart R

11. Underground Injection

Consult appropriate subparts.

h.) Ground-Water Monitoring

- 265.91 1. (A) EPA specified ground-water monitoring program implemented ? _____
If no go to 2
- 1 upgradient and 3 downgradient wells _____
- All wells cased and screened at appropriate depth _____
- Annular space sealed _____
- 265.92 (B) Sampling and analysis plan at facility _____
- (C) Parameters sampled
- Primary drinking water standards (265.92b1) _____
- Ground-water quality (265.92b2) _____
- Ground-water contamination indicators (265.92b3) _____
- (D) Monitoring frequency
- (11/19/81 - 11/18/82)
o All parameters all wells-quarterly _____
o 4 replicates each ground-water contamination indicators sample upgradient wells _____
o End of 1st year calculate initial background mean and variance for contamination indicators _____
- (11/19/82 - Permit Issuance)
o Ground-water quality - annually _____
o Ground-water contamination indicators -semi-annually 4 replicates each well each sample _____
- Ground-water elevations with each sample _____
- 265.93 (E) Preparation, evaluation and response
- Ground-water quality assessment program outline kept at facility _____
- Ground-water contamination indicator results for each well compared via Student's T test to initial background arithmetic mean _____
- 265.94 (F) Records of required analyses per 265.94(A1) kept on site (thru post-closure) _____
Necessary reports submitted to R.A. or State Director (see 265.94A2) _____
- 265.90C 2.(A) Written hazardous waste migration potential demonstration prepared and kept on-site? _____
If no go to 3
- Waiver demonstration certified by qualified geologist or geotechnical engineer _____
- Demonstration establishes
o Potential for migration of hazardous waste via uppermost aquifer _____
o Potential for hazardous waste to migrate to a water supply or surface water _____
- Obtain copy for review by EPA _____
If copy not obtained why? _____

265.90D

3(A) Alternative ground-water monitoring
program has been implemented

- Specific plan was submitted _____
to R. A. (or State Director) by 11/19/81 _____
- Plan approved _____

(Date)

- By 11/19/81 ground-water quality
assessment per 265.93(d)(4)
implemented quarterly determinations _____
made until closure _____
- Recordkeeping and reporting requirements
in 265.94(6) complied with _____

C. Requests for Information

D. Photos Taken

E. Sampling Inspection Needed

F. Potential for Imminent Hazard, Air, or Water Discharge Violations

G. Proximity to Residential Area, Surface Water, Recharge Zone, etc.
